

## Application Data Sheet

### **Application Information**

Application number:: Unassigned  
Filing Date:: December 13, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHODS, SYSTEMS, AND KITS FOR LUNG  
VOLUME REDUCTION  
Attorney Docket Number:: 017534-000730US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RODNEY  
Middle Name:: A.  
Family Name:: PERKINS  
Name Suffix::  
City of Residence:: Woodside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 235 Mountain Wood Lane  
City of Mailing Address:: Woodside  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name:: P.  
Family Name:: SOLTESZ  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 4975 Miramar Avenue  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95129

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	ROBERT
Middle Name::	
Family Name::	KOTMEL
Name Suffix::	
City of Residence::	Burlingame
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	116 Bloomfield Road
City of Mailing Address::	Burlingame
State or Province of mailing address::	CA
Country of mailing address::	
Postal or Zip Code of mailing address::	94010

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## Correspondence Information

Correspondence Customer Number:: 20350

## Representative Information

Representative Customer Number:: 20350

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/606,320	06/28/00
	Continuation-in-part of	09/347,032	07/02/99

## Foreign Priority Information

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name:: PULMONX  
Street of mailing address:: 1049 Elwell Court  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94303

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